

**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**  
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007  
PHONE (602) 364-1PET (1738) FAX (602) 364-1039  
VETBOARD.AZ.GOV



# COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

**PLEASE PRINT OR TYPE**

**FOR OFFICE USE ONLY**

Date Received: July 29, 2019

Case Number: 20-04

**A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:**

Name of Veterinarian/CVT: Lauren Schneider

Premise Name: Dreaming Summit Animal Hospital

Premise Address: 5115 N Wigwam Blvd

City: Litchfield Park State: AZ Zip Code: 85340

Telephone: 623-935-1555

**B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT\*:**

Name: **Donna Crane Rossi**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

**\*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.**

**C. PATIENT INFORMATION (1):**

Name: Coco Chanel

Breed/Species: White Poodle Mix

Age: 6 Sex: Female Color: White

**PATIENT INFORMATION (2):**

Name: \_\_\_\_\_

Breed/Species: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

**D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:**

Please provide the name, address and phone number for each veterinarian.

Marlayna Barnard, DVM,  
BluePearl Veterinary Partners  
13034 W Rancho Santa Fe Blvd  
Suite 101  
Avondale, AZ 85392  
623-385-4555

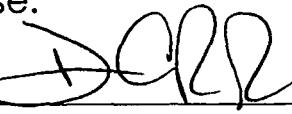
**E. WITNESS INFORMATION:**

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Conrad Rossi - \_\_\_\_\_

**Attestation of Person Requesting Investigation**

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: \_\_\_\_\_ 

Date: 7.23.19

**F. ALLEGATIONS and/or CONCERNS:**

*Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.*

July 8, 2019:

I took Coco Chanel to Dreaming Summit Animal Hospital because she was severely dehydrated, not eating or drinking, very lethargic, not walking right/sort of losing her footing in her back legs and had a nerve tick where her head would move involuntarily. I agreed to several tests including an x-ray and a senior profile 1 blood test to try to see what was wrong with her. We all agreed she should stay the night for fluids and observation so she did and we paid \$774.29 which included \$172.50 for the blood test. They took the x-ray and saw what they called "gas pockets" in her intestines and a thickening of her intestinal wall. And I was told I needed to see a specialist for her "tick". They also pushed a valley fever test on me twice that I declined both times as she didn't have a cough. And they gave her an antibiotic shot.

July 9, 2019:

They called me in the morning after I called them for an update on Coco. The doctor told me Coco was looking much better and was "perky" and that they took another x-ray and it seems the "gas pockets" were moving so there wasn't a need for exploratory surgery but the thickening of the intestinal wall needed to be addressed because it could be irritable bowel syndrome or cancer. And since she was "perky" I could take her home. They also asked for my permission to do the blood test that I had already agreed to and paid for on July 8. So they didn't take the blood test until July 9 and we'd have to wait for the test results to come back on July 10. They also asked me again if I wanted a valley fever test which I declined again since she didn't have a cough.

I picked Coco up after 4pm and noticed she didn't seem as "perky" as they said she was. They gave me dog food I had to pay for, a fecal sample test, anti-inflammatory pills and deworming medicine, all that I had to pay for as well. The final bill was \$1007.71.

Coco got progressively worse overnight. I stayed up with her all night and took her to BluePearl Vet Hospital in the morning.

July 10, 2019:

As soon as I took Coco to BluePearl, they immediately assessed her and noticed she was severely dehydrated and her heart rate was very high despite her lethargy. They immediately did the senior blood panel and urine test and found that she had severe kidney failure and we had to put her down.

The doctor from Dreaming Summit called and left me a voicemail to say she got a message from BluePearl that we had to put Coco down and to confirm that from the blood test results she just got back that Coco had kidney failure. I did not call her back because I was too upset at the time and knew the conversation would not go well.

July 12, 2019:

I called and left a message for the owner of Dreaming Summit. He called me back later in the day, said he didn't listen to my voicemail so I had to tell him of my disappointment with him and his staff again and that I wanted my money back for the tests and medications I didn't need or use. I told him Coco was misdiagnosed, the doctors are

incompetent and I paid for a lot of testing and medications that I didn't get, got late and didn't need. He told me "I obviously was in the anger stage of grieving". I explained to him that I have a degree in Psychology and I know the stages of grieving and my dissatisfaction with his hospital was not because I was grieving or emotional. In fact, I on purpose didn't call him until Friday so that I wouldn't be emotional. He pacified me again by saying it's just because I was grieving so I told him I would file a complaint against him.

My issues with Dreaming Summit are many:

1. The doctor and owner/doctor completely misdiagnosed Coco
2. The doctor and owner/doctor are incompetent
3. They just kept pushing a valley fever test even though she didn't show the symptoms
4. They gave her medications she didn't need
5. Because of their incompetence, Coco suffered for an extra two days, we had additional stress for two days and paid for medications, food and treatment that were completely unnecessary
6. When I called to ask for my money back, I was patronized

I believe this office and the staff should be investigated as they can't even diagnose something that should be very easy for them to identify. BluePearl diagnosed Coco in 10 minutes; Dreaming Summit couldn't diagnose her in two days. They don't know what they are doing and push unnecessary tests just to make money.

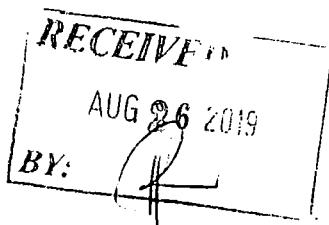
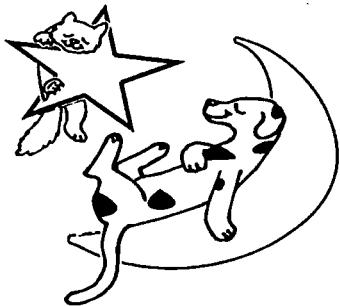
I also want my money back for the medications, tests and food I never used.

I also wish I could take back the suffering Coco had for those two additional days but unfortunately I cannot.

Please contact me to discuss further or to provide any needed documentation.

Thank you.

20-04



Dreaming Summit Animal Hospital

5115 N. Wigwam Creek Blvd.

Litchfield Park, AZ 85340

Phone: (623) 935-1555

Fax: (623) 935-3869

Email: [dreamingsummitah@yahoo.com](mailto:dreamingsummitah@yahoo.com)

Website: [dreamingsummitah.com](http://dreamingsummitah.com)

August 17<sup>th</sup>, 2019

To whom it may concern:

My name is Dr. Lauren Schneider and I am writing this letter as a response to case #20-04. The following is my narrative in regards to Coco Chanel owned by Mr. Conrad Rossi and Mrs. Donna Rossi.

On July 8th, 2019 4:09pm Coco Chanel was presented to me for lethargy, inappetence, vomiting, and what sounded to be a historical head tremor. On my exam, I found Coco Chanel to be quiet with nasal discharge. My rule outs were valley fever, pancreatitis, underlying infection, underlying organ dysfunction, other neurologic disease. I spoke with Mr. and Mrs. Rossi and recommended diagnostics including a desert disease blood profile with add-on urinalysis. I explained to Mr. and Mrs. Rossi that this would evaluate organ function - kidneys, liver, electrolytes, proteins, glucose, red blood cells, white blood cells, thyroid, urine and valley fever. I also offered a pancreatitis test (CPL) and radiographs. Mrs. Rossi came to the conclusion that since Coco Chanel wasn't coughing that she didn't have valley fever and didn't want to test for it. I explained to her that valley fever can also cause neurologic signs (which Coco Chanel was presenting for) and that is why I chose that particular blood panel. The desert disease panel would allow me to get a better overall idea with what may be going on including valley fever. Mr. and Mrs. Rossi declined all bloodwork and elected instead to start with radiographs. Please see the attached signed document of declination to perform the bloodwork panel (desert disease profile, add on urinalysis and CPL).

Radiographs were performed that same day on July 8, 2019 at 6:17pm. I went over the radiographic findings with Mr. Rossi. Mrs. Rossi was not present. The radiographs showed an odd gas pattern in the cranial abdomen and the intestines appeared to be thickened. I was concerned about a potential foreign body and recommended hospitalization on IV fluids. I also recommended antibiotics to help with any underlying infection and I recommended anti-inflammatories since I did not know what the underlying disease process was. I offered treatments to the best of my ability based off the information the clients would allow me to have. My plan was to provide supportive care to rehydrate Coco Chanel overnight and recheck radiographs the next morning to see if there were any changes. While in the room

going over radiographs, I spoke with Mr. Rossi and again re-offered to perform the desert disease panel/add on urinalysis. My concern was that if there was no improvement in the radiographs we may need to consider a surgical exploratory surgery. Having bloodwork ahead of time would allow me to prepare for a possible anesthetic event as well as evaluate for other underlying disease processes. I also recommended referral to a specialist for abdominal ultrasound. Mr. Rossi again verbally declined the bloodwork and referral for ultrasound. Instead, he elected to hospitalize and see how Coco Chanel did overnight. Mr. Rossi did not want to pursue any further diagnostics. Coco Chanel was hospitalized on IV fluids overnight on July 8th, 2019. I relayed to Mr. Rossi that we are not a 24 hour facility and there is no personnel on site overnight. We also have a sign in the lobby that relays this information.

I re-evaluated Coco Chanel in the morning on July 9th, 2019 and found her to be much brighter and more alert compared to the previous day. I took follow-up radiographs and found that the odd gas pattern appeared to have moved; I was less suspicious of a foreign body. I called Mrs. Rossi and relayed my exam and radiograph findings. I relayed that the intestines still appeared thickened so I thought it would be a good idea to check a fecal sample (as soon as we could get one) and offered deworming medications in case parasites were an issue. She gave verbal approval over the phone. I still recommended referral for an ultrasound/further evaluation with the concern for potential gastrointestinal neoplasia, irritable bowel disease or other unknown disease. This was verbally declined by Mrs. Rossi. Since Coco Chanel was doing much better, I felt she was stable enough to go home that day, but I still recommended bloodwork since I didn't know the primary underlying disease process. At this point Mrs. Rossi elected to proceed with a bloodwork panel, but she still did not want to test for valley fever, so I instead offered a senior profile. This bloodwork panel includes similar parameters as the desert disease profile, but without the valley fever. It evaluates the kidneys, liver, proteins, electrolytes, glucose, thyroid, red blood cells, white blood cells, urine. Mrs. Rossi verbally accepted this bloodwork panel over the phone on July 9th, 2019.

On the morning of July 10th, 2019, I received the results of the senior profile and prepared to call and discuss renal disease with Mr. and Mrs. Rossi. I had also received records, however, that Coco Chanel was taken to Blue Pearl on the morning of July 10th, 2019 where she was diagnosed with kidney disease. Mr. and Mrs. Rossi elected to euthanize her. I called Mrs. Rossi to go over labs and offer my condolences, but had to leave a voicemail as she did not answer.

I treated Coco Chanel to the best of my ability with what Mr. and Mrs. Rossi would allow me to do. This was clearly documented in writing, signed by Mrs. Rossi declining my recommendations dated July 8th, 2019. As I was unable to perform bloodwork on the initial day she was presented, I was unable to provide an accurate diagnosis. I do not feel I was incompetent in this case as I offered bloodwork (and explained why I wanted labs) on several occasions which Mr. and Mrs. Rossi declined. Had I been able to perform bloodwork when initially offered and found that Coco Chanel had kidney disease, I am sure that my recommendations to follow would have reflected those results.

I understand that Mr. and Mrs. Rossi are upset that Coco Chanel was very sick. However, there was no incompetence on my part and I did not cause Coco Chanel to be ill. On the contrary, under the therapies that I instituted, Coco Chanel did feel better while under my care.

On July 12, 2019, Mrs. Rossi called the office leaving a voicemail to have her call returned. I was not in the office working that day. Dr. Hillebrand returned her call and spoke with both Mr. and Mrs. Rossi. Both Mr. and Mrs. Rossi spoke in a belligerent and hostile manner and even became threatening. Dr. Hillebrand was able to record the last half of his conversation with them and we can send you that recording if needed. I believe they are angry and unreasonable at this time.

If there are any questions regarding this case (#20-04), I will be available Monday-Thursday from 1:30-5:30pm at 623-935-1555. I will not be available the week of September 16th to 19th.

Regards,



Lauren Schneider, DVM

**DOUGLAS A. DUCEY**  
- GOVERNOR -



**VICTORIA WHITMORE**  
- EXECUTIVE DIRECTOR -

## **ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

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PHONE (602) 364-1-PET (1738) • FAX (602) 364-1039

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**TO:** Arizona State Veterinary Medical Examining Board

**FROM:** AM Investigative Committee: Robert Kritsberg, DVM - Chair  
Christina Tran, DVM  
Carolyn Ratajcek  
Jarrod Butler, DVM  
Steve Seiler - **Absent**

**STAFF PRESENT:** Tracy A. Riendeau, CVT – Investigations  
Dawn Halbrook – Compliance Specialist  
Mary Williams – Assistant Attorney General

**RE:** Case: 20-04

Complainant(s): Donna Crane Rossi

Respondent(s): Lauren Schneider, D.V.M. (License: 6753)

**SUMMARY:**

Complaint Received at Board Office: 7/29/19

Committee Discussion: 10/1/19

Board IIR:

**APPLICABLE STATUTES AND RULES:**

Laws as Amended August 2018

(Lime Green); Rules as Revised September 2013 (Yellow).

On July 8, 2019, "Coco Chanel," a 6-year-old female Poodle mix was presented to Respondent due to lethargy, inappetence and vomiting. After exam, diagnostics including radiographs and blood work with Valley Fever testing was recommended; blood work was declined.

Radiographs revealed an odd gas pattern and thickened intestines therefore Respondent was concerned about a potential foreign body. Overnight hospitalization for IV fluids and treatment was recommended and approved. Blood work was again declined as well as referral for an ultrasound.

The next day, repeat radiographs were performed and appeared to be less suggestive of a foreign body. The dog appeared improved. Blood work was again recommended and approved without the Valley Fever test. The dog was discharged later that day.

On July 10, 2019, the dog was presented to an emergency facility due to her condition worsening. The dog was diagnosed with kidney disease and was humanely euthanized.

**Complainant was noticed and did not appear.**

**Respondent was noticed and was available telephonically.**

**The Committee reviewed medical records, testimony, and other documentation as described below:**

- Complainant(s) narrative: *Donna Crane Rossi*
- Respondent(s) narrative/medical record: *Lauren Schneider, DVM*
- Consulting Veterinarian(s) narrative/medical record: *Marlayna Barnard, DVM - BluePearl*

## **PROPOSED 'FINDINGS of FACT':**

1. On July 8, 2019, the dog was presented to Respondent for anorexia, lethargy, vomited once, back legs occasionally give out and head tick that had been present for the past month. Upon exam, the dog had a weight = 14.30 pounds, a temperature = 100.7 degrees, a pulse rate = 130bpm and a respiration rate = 40rpm; BCS – 5/9. The dog had lenticular sclerosis to eyes, crusty nasal discharge and bilateral medial patellar luxation 1/4. Respondent wanted to rule-out valley fever or neurologic disease for the possible tremors; underlying infection, pancreatitis, valley fever and other for the lethargy, vomiting and nasal discharge.
2. Based on her exam, Respondent recommended referral to a neurologist for the neurological signs – Complainant declined at that time. According to Respondent, she also recommended blood work and a urinalysis to evaluate the dog's organ function, urine and valley fever. She also offered a pancreatitis test and radiographs. Mrs. Rossi felt that since the dog was not coughing that the valley fever test was not warranted. Respondent explained that valley fever could also cause neurological signs that the dog was presenting for which was why she recommended that particular blood panel that included valley fever. Complainants declined all lab work and elected to start with radiographs.
3. Radiographs were performed. Respondent went over the radiographic findings with Mr. Rossi (Mrs. Rossi was not present) – she explained that there was an odd gas pattern in the cranial abdomen and the intestines appeared thickened. Respondent was concerned about a possible foreign body and recommended hospitalization on IV fluids overnight with repeat radiographs in the morning. She also recommended antibiotics and an anti-inflammatory since she was unaware of what the underlying disease process was at that time. Respondent also again recommended blood work and urinalysis in case the dog did not improve and surgical intervention was needed; she again recommended referral for an abdominal ultrasound. Mr. Rossi declined blood work and referral and approved hospitalization to see how the dog would do overnight.
4. The dog was hospitalized; an IV catheter was placed, Lactated Ringer's Solution was started at 30mL bolus then 20mL/hr overnight. Convenia 80mg/mL, 0.6mL was given SQ and ½ can of EN diet was offered with the first dose of carprofen 25mg; the dog ate well. Respondent intended to give the dog ½ tablet of carprofen 25mg twice a day, however since the dog was given a full tablet, she elected to make it a 24 hour dose.
5. The following morning, the dog had a weight = 14.30 pounds, a temperature = 99.7 degrees, a pulse rate = 140bpm and a respiration rate = 40rpm. The dog received a total of 276mLs of IV fluids and ate all food offered overnight. Repeat radiographs were performed and the gas pattern appeared to be moving through and no evidence of obstruction; intestines were still thickened.

6. Respondent contacted Complainant with an update on the dog; the dog was brighter and wagging her tail – appeared to be feeling better. The gas pattern improved therefore no need for surgery at that time. There was still intestinal thickening and dewormer was recommended along with checking a fecal, bland diet and blood work. Complainant did not want the Desert Disease profile, thus the Senior profile was offered and approved; Complainant also approved the fecal and panacur. Respondent relayed that the intestinal thickening could be due to parasites, GI inflammation from IBD, neoplasia or other. Complainant could consider referral to a specialist for endoscopy/biopsy; referral was declined. Respondent wanted to keep the dog until 4:00pm on IV fluids.

7. Blood and urine was collected and the dog was discharged later that day. The dog had received a total of 409mLs of Lactated Ringer's Solution and panacur, carprofen and EN diet was dispensed.

8. According to Complainant, she approved blood work without the valley fever test to be done on July 8<sup>th</sup> -- since the dog was not coughing, she did not think the valley fever test was pertinent. On July 9<sup>th</sup>, she again approved blood work without the valley fever test to be performed.

9. When Complainant picked up the dog, she did not think she was as perky as described by Respondent. Once home, the dog got progressively worse throughout the night therefore Complainant took the dog to an emergency facility the next morning.

10. On July 10, 2019, the dog was presented to Dr. Barnard at BluePearl. Dr. Barnard stated that the dog was limp in Complainant's arms but responsive. The dog was dehydrated and not wanting to stand; IV fluids were immediately started while she discussed the dog's condition with Complainant. Complainant reported the dog's recent history of hospitalization and blood work that should be available that day. Dr. Barnard recommended checking the dog's electrolytes and kidney values while waiting for Respondent's premise to open to see if full lab work was available. Complainant agreed.

11. Dr. Barnard relayed that the blood gas analysis indicated a moderate azotemia with hyperkalemia, metabolic acidosis and anemia despite the dog being on IV fluids previously. She discussed the findings with Complainant and potential causes of anemia – she explained that if the dog had chronic kidney disease then the prognosis was poor. However, they could continue IV fluid diuresis and compare Respondent's blood work with theirs to see progression. Due to the dog not responding to the initial treatment at Respondent's and the likely poor prognosis, Complainant elected humane euthanasia.

12. On that morning, Respondent received the blood results and prepared to call Complainant to discuss renal disease. She also received records that the dog was taken to an emergency facility, diagnosed with kidney disease and was euthanized. Respondent called Complainant to go over lab results and express her condolences – Complainant did not answer therefore Respondent left a voice mail.

13. Complainant felt Respondent misdiagnosed the dog, kept recommending valley fever test

even though the dog did not show symptoms, dispensed medications the dog did not need and caused the dog to suffer unnecessarily.

#### **COMMITTEE DISCUSSION:**

The Committee discussed that Respondent offered Complainant comprehensive blood work which was declined. Complainant was advised that the panel tested for more than just the Valley Fever since Complainant was adamant about not testing the dog for Valley Fever. A blood panel was eventually performed.

#### **COMMITTEE'S PROPOSED CONCLUSIONS of LAW:**

The Committee concluded that no violations of the Veterinary Practice Act occurred.

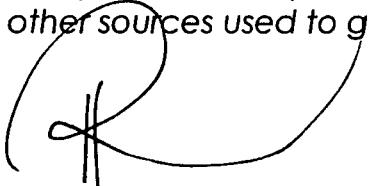
#### **COMMITTEE'S RECOMMENDED DISPOSITION:**

**Motion:** It was moved and seconded the Board:

*Dismiss this issue with no violation.*

**Vote:** The motion was approved with a vote of 4 to 0.

*The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.*



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Tracy A. Riendeau, CVT  
Investigative Division